



Rce / # / ZW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO. 053466-0295

Applicant: Yasuo KOISHIHARA
Title: INHIBITOR OF LYMPHOCYTE ACTIVATION
Appl. No.: 09/760,723
Filing Date: 01/17/2001
Examiner: G. Ewoldt
Art Unit: 1644

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. § 1.114:** (check items that apply)

a. Previously submitted:

[X] Please enter and consider the amendment/reply previously filed on
September 14, 2004.

01/14/2005 SSITHIB1 00000011 09760723

01 FC:1801 790.00 OP

01/14/2005 SSITHIB1 00000011 09760723

02 FC:1252 450.00 OP

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on __ but not considered.

☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on __.

☐ Other __.

b. Enclosed are:

☐ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☒ Information Disclosure Statement (2 pages).

☒ Form PTO\SB\08 with copies of 1 listed reference.

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of __ months.

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):					\$790.00	= \$790.00
Total Claims:	11	-	20	= 0	x \$50.00	= \$0.00
Independents	2	-	3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:					+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:						= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	0	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00		\$450.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$450.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$450.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1240.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):			\$0.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$1240.00

☐ Please charge Deposit Account No. 19-0741 in the amount of _____
A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of **\$1,240.00** to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

January 13, 2004

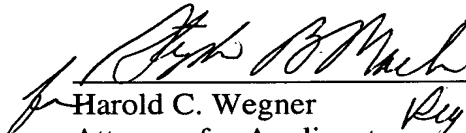
Date

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